

ph: (912)748-4800

www.pooler-ga.gov

## **Application to Receive Reduced Water Rates**

## for Senior or Disabled Citizens

			Office use only				
Today's Date	//		Account No.				
			Date entered	ů.		Ву:	
Service address							
To o		unted water rate the					
		be 65 years of age		-			
2	. You must reside	e at the address for	which the disc	ount	is requ	ested.	
						36	
The following	documentation is	required at the time	application is s	ubmit	tted to b	illing dep	artment:
		ess-settlement sta					
		river's license as p					
		F			,		
Your Name						_	
1 our maine	Last	First			M.I.		
SSN			$D \cap B$	1			
2211	3# #X	_	D.O.B				
				(9)			
Spouse Name	7,,			_			
	Last	First			M.I.		
SSN	•		D.O.B.	/	/		
·		<del></del>				-	
Home Phone #		Cell Phone #	×				
If you qualify due	to disablity, do vou re	quire front door sanita	ution service?				
JV 1	, ,	g g. sam nov same					
X			Date				